

biOPRYN[®]

Blood-Pregnancy Test Sample Submission Form

INVOICE/REPORT SENT TO:

Company: _____

Phone: _____

Name: _____

Fax: _____

Address: _____

Email: _____



Reporting Method(s) preferred

Email Fax Phone

Animal Type: _____

Shipping Address:
 Dairy Diagnostics
 4512 S. Walnut Rd.
 Turlock, CA 95380
 Phone: (209) 634-0826
 Fax: (209) 634-2228

Tube #	Animal ID	Days Bred	Tube #	Animal ID	Days Bred
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		